

# Spokane Family Medicine Center

1234 North Division Street, Suite 200 | Spokane, WA 99202

Phone: (509) 555-0123 | Fax: (509) 555-0124

www.spokanefamilymed.example.com

## REFERRAL FOR MASSAGE THERAPY SERVICES

### Patient Information

Patient Name: Sarah M. Thompson

Date of Birth: March 15, 1985

Phone: (509) 555-7890

Insurance ID: BCBS-WA-889012345

### Referring Provider Information

Physician Name: Dr. Michael R. Chen, MD

NPI Number: 1234567890

Referral Date: November 28, 2025

### Diagnosis / Reason for Referral

Primary ICD-10 Code: M54.5 - Low back pain

Secondary ICD-10 Code: M62.830 - Muscle spasm of back

#### Clinical Notes:

Patient presents with chronic lower back pain of 3 months duration, exacerbated by prolonged sitting at work. Physical examination reveals muscle tension and trigger points in the lumbar paraspinal muscles and quadratus lumborum bilaterally. Patient has not responded adequately to NSAIDs and home stretching program. Recommending massage therapy as part of comprehensive pain management plan.

### Treatment Authorization

☒ Therapeutic Massage

☒ Trigger Point Therapy

☐ Craniosacral Therapy

☒ Myofascial Release

☐ Lymphatic Drainage

☒ Deep Tissue Massage

Number of Visits: 8 sessions

Authorized:

**Frequency:** 1-2 times per week

**Authorization Valid Through:** February 28, 2026

**Precautions / Contraindications**

- ☐ Blood thinners - use light pressure
- ☐ Pregnancy
- ☐ Recent surgery - avoid area: \_\_\_\_\_
- ☒ Other: *Avoid deep pressure directly over L4-L5 region per patient preference*

**Referred To**

**Massage Therapist:** Jessica Martinez, LMT

**License Number:** MA60012345 (WA)

**Practice Name:** Healing Hands Massage Therapy

**Phone:** (509) 555-4567

**Michael Chen** November 28, 2025

Referring Physician Signature Date

**Referring Provider NPI:** 1234567890 | **Tax ID:** 91-1234567 | **DEA:** AC1234567

This referral is valid for the duration specified above. Please send progress notes to the referring physician after every 4 visits or upon completion of treatment plan.

**Fax progress notes to: (509) 555-0124**

*This document contains confidential medical information protected under HIPAA regulations.*